



California Department of Mental Health



Mental Health Services Act Capital and Technological Needs Component

Enclosure 3 Technological Needs



Technology Goals

Evaluation and funding approval of technology needs will be made within the context of two goals:

1. Increase **Client and Family Empowerment** by providing the tools for secure client and family access to health information within a wide variety of public and private settings.
2. **Modernize and Transform** clinical and administrative information systems to improve quality of care, parity, operational efficiency and cost effectiveness.



Technology Goal #1

Client and Family Empowerment

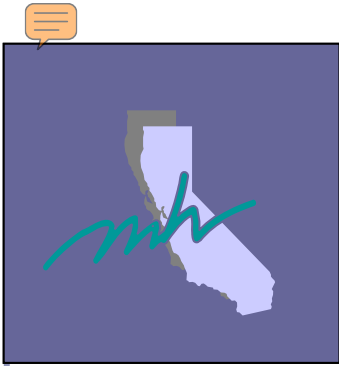
Provide the client and their family, when appropriate, with accurate and current mental health information.

- Having access to service and personal mental health information is empowering, enabling consumers and families to be informed and make sensible choices within the mental health system.



Technology Goal #1 Benefits

- ✓ Support wellness activities.
- ✓ Improve understanding of health issues.
- ✓ Increase control over access to personal health information.
- ✓ Support timely, appropriate preventive services.
- ✓ Support healthcare decisions and responsibility for care.
- ✓ Strengthen communication with providers.
- ✓ Verify accuracy of information in provider records.
- ✓ Support understanding and appropriate use of medications.
- ✓ Support continuity of care across time and providers.
- ✓ Avoid duplicate tests.
- ✓ Reduce adverse drug interactions and allergic reactions.
- ✓ Reduce hassle through online appointment scheduling and prescription refills.
- ✓ Increase access to providers via e-visits.



Technology Goal #2

Modernize and Transform Information Systems

An Integrated Information Systems Infrastructure (IISI) and Standards are key to increased efficiency in the access, reporting, and secure sharing of client records.



Technology Goal #2 Benefits

- ✓ Better security and control over client records.
- ✓ Increased access to critical clinical information for improved client care coordination.
- ✓ Decreased time in common administrative procedures.
- ✓ Efficient communications with clients and service providers.



Standards

Technologies that use standards to transfer data from one source to another, also known as interoperability, create the ability to share timely, accurate and secure access to the client's healthcare information.

Creating standards in healthcare information management is challenged by:

- Dissimilar communication styles
- Disparate systems for storing and presenting information
- Differing work flow processes and data languages



MHSA CSS One-Time Funded Projects

- Over \$24 Million approved for IT Projects
- 22 Counties have approved IT Projects
- 29 Approved IT Projects



Funding and Review

Requests for Funding

- California counties/local programs will submit Technological Needs Project in accordance with the DMH plan guidelines.
- DMH will work with each county for any required plan clarifications/modifications.

Post-Funding Technology Plan Assistance and Monitoring

- Upon approval of each plan, DMH will continue to work with each county to help ensure the success of the MHSA projects and share lessons learned and best practices with all counties.



Roadmap to Integrated Information System

Baseline assessment conducted prior to plan implementation

2007

2008

2009

2010

2012

2014

Practice Management

EHR “Lite”

Ordering

Full EHR

Electronic registration, scheduling and billing with contract providers and state

Document Imaging, or Clinical Notes Module, or EHR “lite”

CPOE (Lab, RX) ordering, reporting

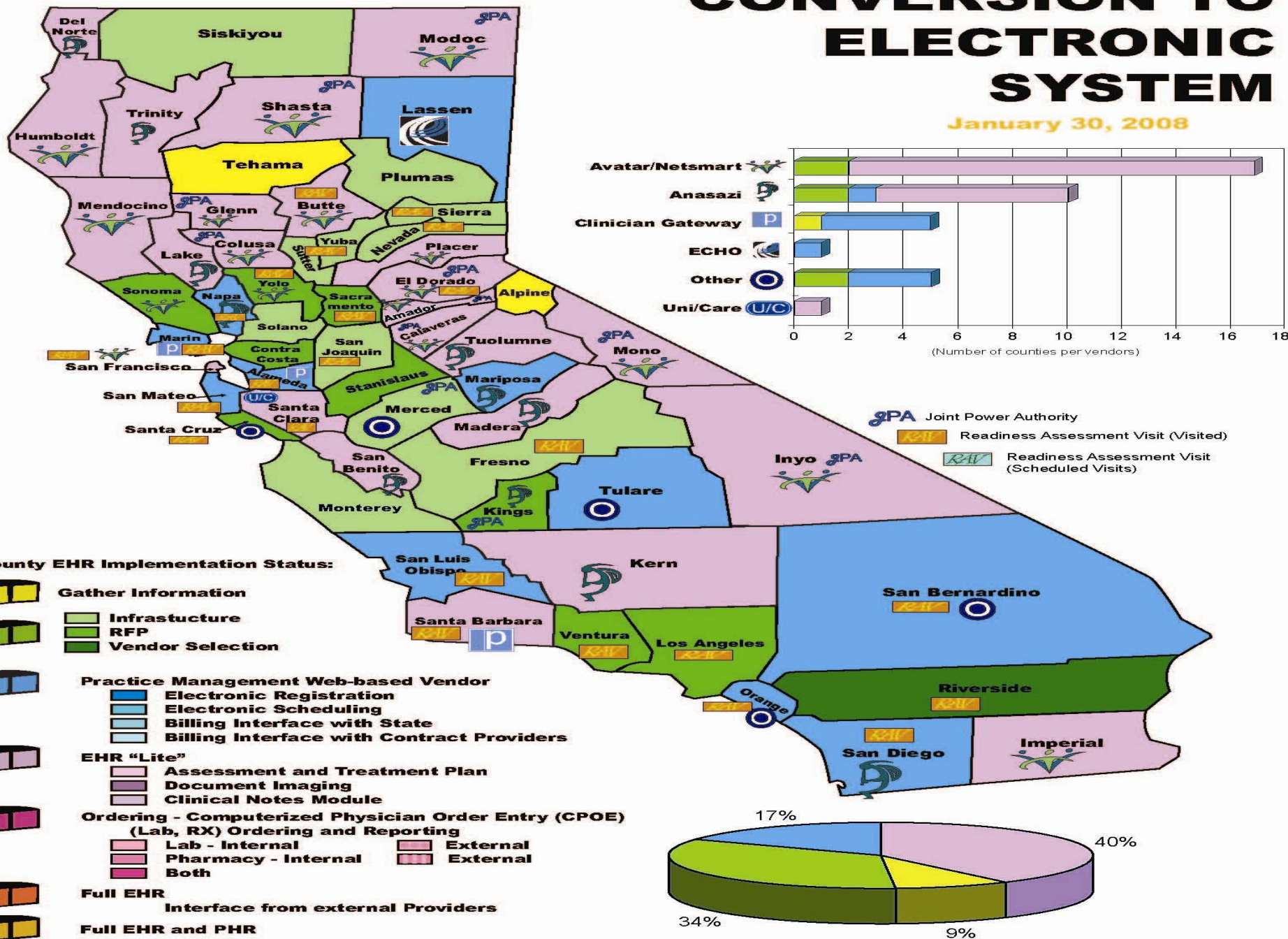
Full EHR Interface with contract providers

interface from Counties, EHR and PHR

Infrastructure

Department of Mental Health CONVERSION TO ELECTRONIC SYSTEM

January 30, 2008





California MH Technology Implementation Status

County EHR Implementation Status:



Gather Information



Infrastructure

RFP

Vendor Selection



Practice Management Web-based Vendor

Electronic Registration

Electronic Scheduling

Billing Interface with State

Billing Interface with Contract Providers



EHR "Lite"

Assessment and Treatment Plan

Document Imaging

Clinical Notes Module



Ordering - Computerized Physician Order Entry (CPOE)

(Lab, RX) Ordering and Reporting

Lab - Internal

External

Pharmacy - Internal

External

Both

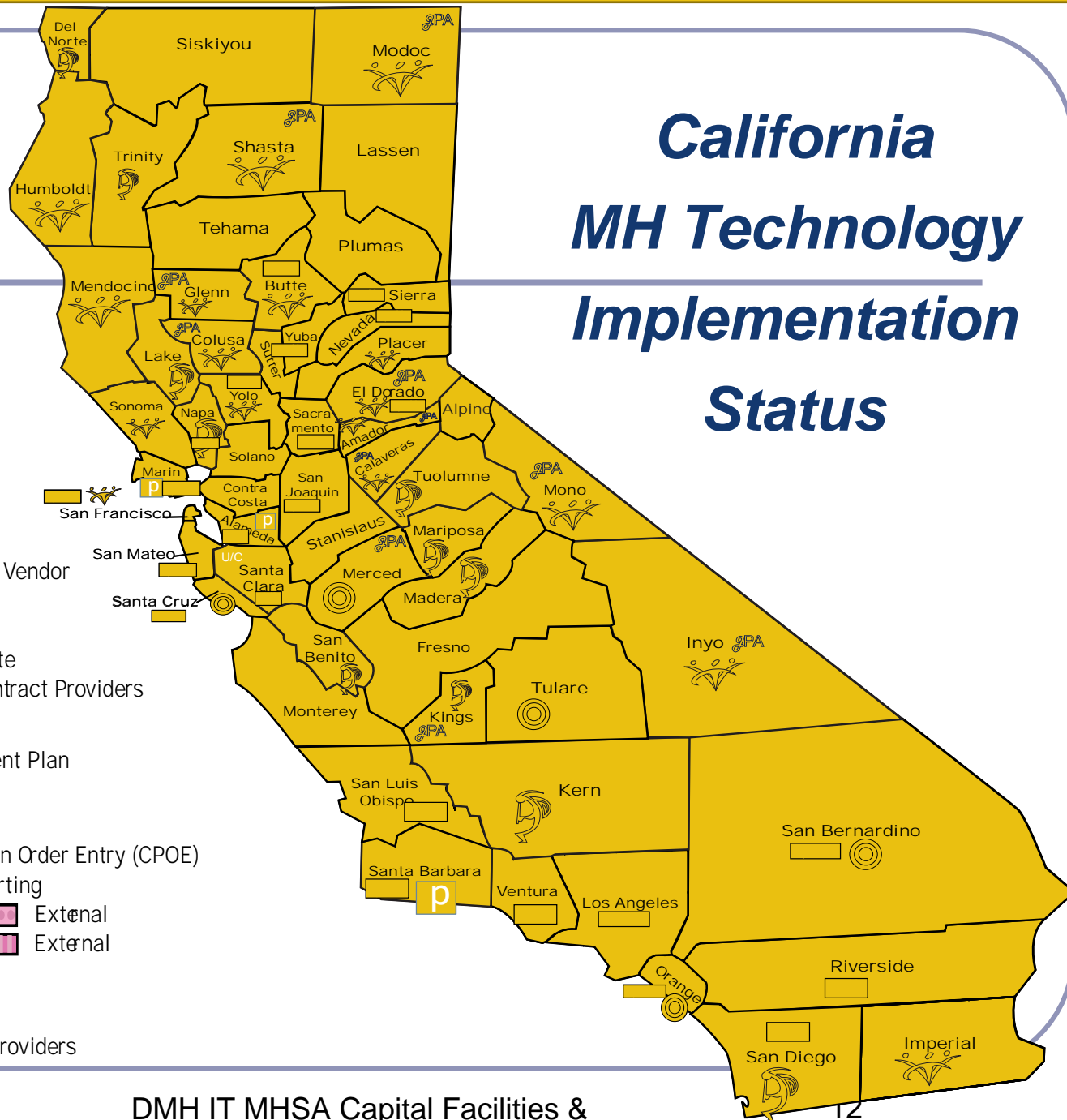


Full EHR

Interface from external Providers



Full EHR and PHR



DMH IT MHSA Capital Facilities &
Technological Needs



Funding Requirements

- Counties must submit Technological Needs Assessment that describe a long-term plan for moving toward an Integrated Information Systems Infrastructure through EHRs.
- Once Counties have submitted a Roadmap, they may propose projects other than the EHR.
- Expenditures must be specific to the proposed project and cannot be for general technology needs of the County, such as computers for new employees, or system improvements for systems that have been in place since 2004.



Enclosure 3 Required Exhibits

- ✓ **Face Sheet (Exhibit 1)**

A signed verification by the County's mental health director regarding the Component.

- ✓ **Technological Needs Assessment (Exhibit 2)**

Strategic Plan, Roadmap and Work force plan.

- ✓ **Technological Needs Project Proposal (Exhibit 3)**

- ✓ **Budget Summary (Exhibit 4)**

Shows project expenditures by type (personnel, hardware, software, training, support and consulting).



Enclosure 3 - Exhibit 2

Strategic Plan

- Current Technology Capabilities
- Technology needs to support MHSA programs
- Integrated Information System Timeline

Roadmap

- Milestones: Planning, Training and Communication
- System and Workflow analysis and cost estimate
- Vendor selection criteria

Workforce Plan

- Current and planned resources available



Enclosure 3 - Exhibit 2 continued

Strategic Plan

- County's current status of technology solutions,
- Long-term business plan and technology plan achieve an Integrated Information Systems Infrastructure (IISI) over time
- Current Technology Assessment
 - Current technology systems in place: Hardware and Software
- New technology system(s) required to achieve an IISI
- Technological Needs Project priorities



Enclosure 3 - Exhibit 2 continued

Roadmap

Must Include a Plan, Schedule and Approach with:

- A proposed timeline for implementation with major milestones including planning, training, communication, and systems analysis.
- An inventory of current systems and proposed EHR component purchases.
- A proposed workflow assessment, plan and criteria for EHR vendor selection.
- Cost estimates associated with the long term plan.
- Approach to meet minimum Standards related to connectivity, security/privacy, computer languages, authorized access and government compliance.



Enclosure 3 - Exhibit 2 continued

County Personnel Analysis

(Small Counties Do Not Need To Complete)

Must Include An Analysis Of Current Staff And
Required Staff For The Project With

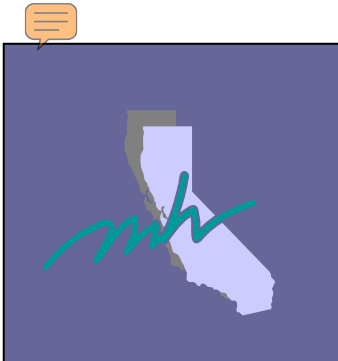
- A proposed timeline for implementation with major milestones including planning, training, communication and systems analysis.
- Workflow analysis.
- Proposed new staff training process.



Enclosure 3 - Exhibit 3

Project Proposals

- Name and Nature
- Cost
- Project Management Overview
- Hardware and Software considerations
- Interagency Interfaces
- Training and Implementation
- Security Strategy



Enclosure 3 - Exhibit 4

Category	(1) 07/08	(2) 08/09	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Personnel					
Total Staff (Salaries & Benefits)					
Hardware					
From Exhibit 2					
Total Hardware					
Software					
From Exhibit 2					
Total Software					
Contract Services (list services to be provided)					
Total Contract Services					
Administrative Overhead					
Other Expenses (Describe)					
Total Costs (A)					
Total Offsetting Revenues (B) **					
MHSA Funding Requirements (A-B)					
NOTES:					



Counties are to provide a short summary of their Community Planning Process (for Projects), to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, and/or the use of regional partnerships.

DMH IT MHSA Capital Facilities & Technological Needs



Enclosure 3 – Appendix A

Category		Factor	Rating	Score
Estimated Cost of Project		Over \$5 million	6	
		Over \$3 million	4	
		Over \$500,000	2	
		Under \$500,000	1	
Project Manager Experience				
Like Projects completed in a “Key Staff” Role		None	3	
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development		5	
	Application Service Provider		1	
	COTS* Installation	”Off-the-Shelf”	1	
		Modified COTS	3	
*Commercial Off-The-Shelf Software	Number of Users	Over 1,000	5	
		Over 100	3	
		Over 20	2	
		Under 20	1	
	Architecture	Browser/thin client based	1	
		Two-Tier (client / server)	2	
		Multi-Tier (client & web, database, application, etc. servers)	3	

Total Score	Project Risk Rating
25 – 31	High
16 – 24	Medium
8 – 15	Low



Enclosure 3 – Appendix B Standards Overview

Electronic Health Record (EHR) System Projects

Minimum Statewide Technology Standards

DMH has developed minimum Statewide standards for EHR projects with respect to the Ability to Access, Exchange, and Assure Security in the Exchange of Clinical Information.

- Connectivity and Language (Interoperability) Standards.
- Vendor Commitment Standard.
- Consumer Access, Security and Privacy Standards.



Enclosure 3 – Appendix B

Functional Standards

- County projects **Must Move Towards** an Integrated Information Systems Infrastructure.
- The applicable functional requirements a comprehensive EHR **Must** meet are outlined in the CCHIT Functionality Criteria 2007 (www.CCHIT.org).
- A summary of the attributes of a comprehensive EHR is provided by Health Care Information Management Services Society (HIMSS) Electronic Health Record Definitional Model Version. 1.1. (www.HIMSS.org)



Enclosure 3 – Appendix B

Functional Standards Sample

- Support clinical applications such as computerized order entry and decision support tools.
- Summarize via electronic prescribing, prescribed medications from all providers for quality management, coordination of care and for uses in the Personal Health Record.
- Provide compatibility with scheduling, billing and reporting applications as well as personal health record technologies.
- Capture and report California Mental Health-specific cost reporting and performance outcome data.

User Friendly Interface Standard

The EHR Project **Must** Meet the Following:

- Provide a useful and easy to understand interface, making it easy for clinicians and administrative personnel to operate.



Enclosure 3 – Appendix B

Consumer Access Standard

The EHR Project **Must Move Towards** the Following:

- Be Internet based, available from any standard web browser, so that consumers or family members may access their PHRs.
- Be able to transmit an approved form of a Continuity of Care Record as applicable.
- Provide ability of the client and family to communicate with the clinician and service provider, especially in the multi-lingual environment.



Project Proposals Summary

- Find a Project Coordinator.
- Follow the guidelines to develop a Technology Assessment.
- Create projects for your community with your Stakeholders.
- Submit the projects in accordance with the guidelines.
- Ask for assistance from your DMH IT-MHSA Services Liaison!



Questions and Answers

- What is an IPO?
- How do we do multiple projects?
- How do we deal with gift of public funds?
- Can some projects just be planning projects?



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